



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV369 - Massage Establishment



File # 29281
Insp # 202034

NAME ORCHIDS OF ASIA DAY SPA INC	PERMIT NUMBER 29413	DATE OF INSPECTION 11/14/2018	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA			
STREET ADDRESS 103 South US HWY 1 Ste. C2		TELEPHONE # 561-386-8212	EXT
CITY JUPITER	COUNTY PALM BEACH	STATE/ZIP FL/33477	

Additional Information

Owner Contact

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Inspection Employee Tracking

License Number 74437	Person Employed Lei Wang
Date Entered 4/26/2016	
License Number 78389	Person Employed Dongmei Wang
Date Entered 4/26/2016	
License Number 78327	Person Employed Lansu Cong
Date Entered 4/26/2016	
License Number 81172	Person Employed Cuixiang Zhan
Date Entered 4/26/2016	
License Number MA80755	Person Employed HUO CAO
Date Entered 11/14/2018	

License Relations

Establishment - Owner

ZHANG, HUA	License #
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INV 369 - Massage Establishments

Massage Establishment Requirements

Current establishment license. [480.043(1), F.S.]	Yes
Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]	Yes
Employed person(s) duly licensed. [480.047(1)(c), F.S.]	Yes
Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]	Yes
If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.	Yes
Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]	Yes
Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]	Yes
Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]	Yes
Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]	Yes
Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.] <i>Some tables showing wear and tear, advised Lui.</i>	No
Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]	Yes
Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein "drapes" means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]	Yes

INV369 - Massage Establishment

ORCHIDS OF ASIA DAY SPA INC

Insp # 202034

File # 29281

Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]	Yes
Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]	Yes
Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]	Yes
Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]	Yes
Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]	Yes
Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.]	Yes
Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.]	N/A
If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]	Yes
Establishment operating hours are within compliance. [480.0475(1) F.S.]	Yes
Under local ordinance (zoning), is this establishment being used as a principle domicile? [480.0475(2) F.S.]	N/A

Colonic Irrigation

Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]	
Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]	

Apprentice Program

Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]	
Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]	
Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]	

Establishment Equipment Required in Addition to 64B7-26 For Apprentice Program

Tables for massages. [64B7-29.001(5)(a), F.A.C.]	
Linen and storage area. [64B7-29.001(5)(b), F.A.C.]	
Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]	
Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d),F.A.C]	
Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e),F.A.C]	
Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6),F.A.C]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:



Date:11/14/2018

Representative:

Lei Wang



Date:11/14/2018







STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV369 - Massage Establishment



File # 29281
Insp # 202034

NAME ORCHIDS OF ASIA DAY SPA INC	PERMIT NUMBER 29413	DATE OF INSPECTION 01/31/2019
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA		
STREET ADDRESS 103 South US HWY 1 Ste. C2	TELEPHONE # 561-386-8212	EXT
CITY JUPITER	COUNTY PALM BEACH	STATE/ZIP FL/33477

Additional Information

Owner Contact

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Inspection Employee Tracking

License Number 74437	Person Employed Lei Wang
Date Entered 4/26/2016	
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License Number 78327	Person Employed Lansu Cong
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License Number 81172	Person Employed Cuixiang Zhan
Date Entered 4/26/2016	
License Number MA80755	Person Employed HUO CAO
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License Relations

Establishment - Owner

ZHANG, HUA	License #
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INV 369 - Massage Establishments

Massage Establishment Requirements

Current establishment license. [480.043(1), F.S.]	Yes
Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]	Yes
Employed person(s) duly licensed. [480.047(1)(c), F.S.]	Yes
Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]	Yes
If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.	Yes
Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]	Yes
Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]	Yes
Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]	Yes
Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]	Yes
Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.] <i>Some tables showing wear and tear, advised Lui.</i>	No
Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]	Yes
Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein "drapes" means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]	Yes

INV369 - Massage Establishment
ORCHIDS OF ASIA DAY SPA INC

Insp # 202034

File # 29281

Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]	Yes
Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]	Yes
Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]	Yes
Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]	Yes
Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]	Yes
Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.]	Yes
Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.]	N/A
If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]	Yes
Establishment operating hours are within compliance. [480.0475(1) F.S.]	Yes
Under local ordinance (zoning), is this establishment being used as a principle domicile? [480.0475(2) F.S.]	Yes=D

Colonic Irrigation

Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]	
Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]	

Apprentice Program

Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]	
Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]	
Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]	

Establishment Equipment Required in Addition to 64B7-26 For Apprentice Program

Tables for massages. [64B7-29.001(5)(a), F.A.C.]	
Linen and storage area. [64B7-29.001(5)(b), F.A.C.]	
Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]	
Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d),F.A.C]	
Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e),F.A.C]	
Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6),F.A.C]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

HERZOG, KAREN



Date:1/31/2019

Representative:

Not Available to Sign

Date:1/31/2019



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

MASSAGE ESTABLISHMENTS

Florida
HEALTH

WWW.DOH.STATE.FL.US

File # 29281

Insp # 141620

ROUTINE ☒ CHANGE LOC ☐ NEW ☐ CURRENTLY NOT OPERATING ☐ CHANGE OWNER ☐

INSPECTION AUTHORITY - CHAPTER 480.043, F.S. AND 64 B 7-26.004 & 26.005 F.A.C.

NAME OF ESTABLISHMENT ORCHIDS OF ASIA DAY SPA INC		PERMIT NUMBER 29413		DATE OF INSPECTION 10/18/2013	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA		EXPIRATION DATE 08/31/2015		APPRENTICESHIP YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
STREET ADDRESS 103 South US HWY 1 Ste. C2 JUPITER SQUARE SHOPPING		TELEPHONE # 561-386-8212	EXT.	OWNER'S NAME HUA ZHANG	
CITY JUPITER		COUNTY 60		STATE/ZIP 33477	
PERSON EMPLOYED		LICENSE NUMBER		PERSON EMPLOYED	
GUIZHEN GAO SCHENNE MA67677		HUA ZHANG MA67628			
DANLING LIU MA73157					
				SATISFACTORY N/A YES NO	
1 Current establishment license. [480.043(1), F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
2 Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
3 Employed person(s) duly licensed. [480.047(1)(c), F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
4 Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
5 If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
6 Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
7 Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
8 Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
9 Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
10 Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
11 Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
12 Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
13 Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
14 Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein "drapes" means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
15 Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
16 Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
17 Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
18 Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
19 Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
20 Proof of current property damage and bodily injury liability coverage maintained on premises. [64B7-26.003(4), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
21 Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.] *				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
22 Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.] *				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23 If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
24 Establishment operating hours are within compliance. [480.0475(1) F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
25 Establishment not used as principle domicile unless zoned for residential use under a local ordinance. [480.0475(2) F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
COLONIC IRRIGATION*					
26 Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
27 Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
APPRENTICE PROGRAM (INSPECTION IF APPROPRIATE)*					
28 Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
29 Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
30 Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ESTABLISHMENT EQUIPMENT REQUIRED IN ADDITION TO 64B7-26 FOR APPRENTICE PROGRAM*					
31 Tables for massages. [64B7-29.001(5)(a), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
32 Linen and storage area. [64B7-29.001(5)(b), F.A.C.]				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
33 Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34 Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35 Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
36 Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

* QUESTIONS WITH (*) MAY BE ANSWERED N/A (NOT APPLICABLE)

Remarks: (10) JUNE 2013 ; (20) CITY INS AGENCY, MAXUM INDEMNITY CO POL#BDG0074556-01 EXP 05/09/14; (23) MA67628 VERIFIED;
DANLING LIU MA73157 NEW HIRE 10/14/13, HAS NOT PASSED PROBATION, APPROXIMATELY 2 OR 3 MORE WEEKS. UPON COMPETING WILL GET PB COUNTY
TAX PERMIT.
YANNY NG, CASHIER/RECEPTION, AND HUA ZHANG, OWNER, ASSISTED WITH INSPECTION.
YANNY214@HOTMAIL.COM
MANDY196060@YAHOO.COM

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME OF RECIPIENT HUA ZHANG

ID wi86

Signature of Owner or Representative

INV 369 Revised 9/13, 8/12, 12/11

Date

Investigator Signature

Save



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

MASSAGE ESTABLISHMENTS

Florida
HEALTH

WWW.DOH.STATE.FL.US

File # 29281

Insp # 152187

ROUTINE ☒ CHANGE LOC ☐ NEW ☐ CURRENTLY NOT OPERATING ☐ CHANGE OWNER ☐

INSPECTION AUTHORITY - CHAPTER 480.043, F.S. AND 64 B 7-26.004 & 26.005 F.A.C.

NAME OF ESTABLISHMENT ORCHIDS OF ASIA DAY SPA INC		PERMIT NUMBER 29413		DATE OF INSPECTION 8/14/2014	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA		EXPIRATION DATE 08/31/2015		APPRENTICESHIP YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	
STREET ADDRESS 103 South US HWY 1 Ste. C2 JUPITER SQUARE SHOPPING		TELEPHONE # 561-386-8212	EXT.	OWNER'S NAME ORCHIDS OF ASIA DAY SPA	
CITY JUPITER		COUNTY 60		STATE/ZIP 33477	
PERSON EMPLOYED		LICENSE NUMBER		PERSON EMPLOYED	
Lei Wang		MA 74437		Dong Fang Wang	
Guizhen Gao Schenne		MA 67677		NuA Zhang	
				MA 67628	
				SATISFACTORY N/A YES NO	
1 Current establishment license. [480.043(1), F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
2 Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
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8 Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
9 Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
10 Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
11 Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
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16 Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
17 Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
18 Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
19 Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
20 Proof of current property damage and bodily injury liability coverage maintained on premises. [64B7-26.003(4), F.A.C.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
21 Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.] *				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
22 Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.] *				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
23 If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
24 Establishment operating hours are within compliance. [480.0475(1) F.S.]				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
25 Under local ordinance (zoning), is this establishment being used as a principle domicile? [780.0475(2) F.S.]				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
COLONIC IRRIGATION*					
26 Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
27 Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
APPRENTICE PROGRAM (INSPECTION IF APPROPRIATE)*					
28 Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
29 Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
30 Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ESTABLISHMENT EQUIPMENT REQUIRED IN ADDITION TO 64B7-26 FOR APPRENTICE PROGRAM*					
31 Tables for massages. [64B7-29.001(5)(a), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
32 Linen and storage area. [64B7-29.001(5)(b), F.A.C.]				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
33 Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34 Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35 Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
36 Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6), F.A.C.]*				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

* QUESTIONS WITH (*) MAY BE ANSWERED N/A (NOT APPLICABLE)

Remarks: #20-Acord, #BDG0074556-01, 05/9/14-05/9/15
#25-Not used as a principle domicile.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME OF RECIPIENT Dong Fang Wang

ID wi119

Signature of Owner or Representative
INV 369 Revised 4/14, 9/13, 8/12, 12/11

Date

Investigator Signature

Save



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV369 - Massage Establishment



File # 29281
Insp # 164132

NAME ORCHIDS OF ASIA DAY SPA INC	PERMIT NUMBER 29413	DATE OF INSPECTION 04/26/2016	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA			
STREET ADDRESS 103 South US HWY 1 Ste. C2		TELEPHONE # 561-386-8212	EXT
CITY JUPITER	COUNTY PALM BEACH	STATE/ZIP FL/33477	

Additional Information

Owner Contact

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Inspection Employee Tracking

License Number 74437	Person Employed Lei Wang
Date Entered 4/26/2016	
License Number 78389	Person Employed Dongmei Wang
Date Entered 4/26/2016	
License Number 78327	Person Employed Lansu Cong
Date Entered 4/26/2016	
License Number 81172	Person Employed Cuixiang Zhan
Date Entered 4/26/2016	

License Relations

Establishment Owner

ZHANG, HUA	License #
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INV 369 - Massage Establishments

Massage Establishment Requirements

Current establishment license. [480.043(1), F.S.]	Yes
Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]	Yes
Employed person(s) duly licensed. [480.047(1)(c), F.S.]	Yes
Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]	Yes
If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.	Yes
Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]	Yes
Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]	Yes
Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]	Yes
Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]	Yes
Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.]	Yes
Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]	Yes
Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein 'drapes' means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]	Yes
Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]	Yes
Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]	Yes

INV369 - Massage Establishment

Insp # 164132

ORCHIDS OF ASIA DAY SPA INC

File # 29281

Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]	Yes
Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]	Yes
Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]	Yes
Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.]	Yes
Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.]	N/A
If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]	Yes
Establishment operating hours are within compliance. [480.0475(1) F.S.]	Yes
Under local ordinance (zoning), is this establishment being used as a principle domicile? [480.0475(2) F.S.]	No
Proof of current property damage and bodily injury liability coverage maintained on premises. [64B7-26.003(4), F.A.C.] **** Rockhill ins HC009367-00 05/09/16. ****	Yes

Colonic Irrigation

Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]	
Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]	

Apprentice Program

Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]	
Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]	
Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]	

Establishment Equipment Required in Addition to 64B7-26 For Apprentice Program

Tables for massages. [64B7-29.001(5)(a), F.A.C.]	
Linen and storage area. [64B7-29.001(5)(b), F.A.C.]	
Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]	
Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d),F.A.C.]	
Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e),F.A.C.]	
Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6),F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature:

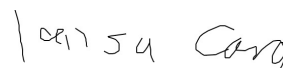
DAVIS, PERRY



Date:4/26/2016

Representative:

lansu cong



Date:4/26/2016



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV369 - Massage Establishment



File # 29281
Insp # 186969

NAME ORCHIDS OF ASIA DAY SPA INC	PERMIT NUMBER 29413	DATE OF INSPECTION 01/04/2017	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA			
STREET ADDRESS 103 South US HWY 1 Ste. C2		TELEPHONE # 561-386-8212	EXT
CITY JUPITER	COUNTY PALM BEACH	STATE/ZIP FL/33477	

Additional Information

Owner Contact

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Inspection Employee Tracking

License Number 74437	Person Employed Lei Wang
Date Entered 4/26/2016	
License Number 78389	Person Employed Dongmei Wang
Date Entered 4/26/2016	
License Number 78327	Person Employed Lansu Cong
Date Entered 4/26/2016	
License Number 81172	Person Employed Cuixiang Zhan
Date Entered 4/26/2016	

License Relations

Establishment Owner

ZHANG, HUA	License #
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INV 369 - Massage Establishments

Massage Establishment Requirements

Current establishment license. [480.043(1), F.S.]	Yes
Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]	Yes
Employed person(s) duly licensed. [480.047(1)(c), F.S.]	Yes
Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]	Yes
If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.	Yes
Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]	Yes
Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]	Yes
Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]	Yes
Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]	Yes
Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.]	Yes
Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]	Yes
Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein 'drapes' means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]	Yes
Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]	Yes
Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]	Yes

INV369 - Massage Establishment

ORCHIDS OF ASIA DAY SPA INC

Insp # 186969

File # 29281

Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]	Yes
Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]	Yes
Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]	Yes
Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.]	Yes
Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.]	N/A
If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]	Yes
Establishment operating hours are within compliance. [480.0475(1) F.S.]	Yes
Under local ordinance (zoning), is this establishment being used as a principle domicile? [480.0475(2) F.S.]	No

Colonic Irrigation

Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]	
Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]	

Apprentice Program

Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]	
Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]	
Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]	

Establishment Equipment Required in Addition to 64B7-26 For Apprentice Program

Tables for massages. [64B7-29.001(5)(a), F.A.C.]	
Linen and storage area. [64B7-29.001(5)(b), F.A.C.]	
Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]	
Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d), F.A.C.]	
Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e), F.A.C.]	
Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6), F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature:

DAVIS, PERRY



Date:1/4/2017

Representative:

xiaoli j blanford



Date:1/4/2017



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV369 - Massage Establishment



File # 29281
Insp # 195081

NAME ORCHIDS OF ASIA DAY SPA INC	PERMIT NUMBER 29413	DATE OF INSPECTION 08/16/2017	
DOING BUSINESS AS ORCHIDS OF ASIA DAY SPA			
STREET ADDRESS 103 South US HWY 1 Ste. C2		TELEPHONE # 561-386-8212	EXT
CITY JUPITER	COUNTY PALM BEACH	STATE/ZIP FL/33477	

Additional Information

Owner Contact

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Inspection Employee Tracking

License Number 74437	Person Employed Lei Wang
Date Entered 4/26/2016	
License Number 78389	Person Employed Dongmei Wang
Date Entered 4/26/2016	
License Number 78327	Person Employed Lansu Cong
Date Entered 4/26/2016	
License Number 81172	Person Employed Cuixiang Zhan
Date Entered 4/26/2016	

License Relations

Establishment Owner

ZHANG, HUA	License #
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INV 369 - Massage Establishments

Massage Establishment Requirements

Current establishment license. [480.043(1), F.S.]	Yes
Establishment license conspicuously displayed. [64B7-28.008(3), F.A.C.]	N/A
Employed person(s) duly licensed. [480.047(1)(c), F.S.]	Yes
Each Massage Therapist's license conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(1)(a), F.A.C.]	Yes
If advertisement is visible at this establishment, must meet requirements of 480.0465, F.S.	Yes
Establishment complies with local building code requirements. [64B7-26.003(1)(a), F.A.C.]	Yes
Public premise areas provided with safe and unobstructed human passages. [64B7-26.003(3)(a), F.A.C.]	Yes
Garbage and refuse removal provided. [64B7-26.003(3)(a), F.A.C.]	Yes
Safe storage/removal of flammable materials provided. [64B7-26.003(3)(a), F.A.C.]	N/A
Premise fire extinguisher maintained in good working condition. (Sprinkler system not acceptable substitute.) [64B7-26.003(3)(b), F.A.C.]	Yes
Exterminate all vermin, insects, termites and rodents on premises. [64B7-26.003(3)(c), F.A.C.]	Yes
Safe/sanitary massage equipment maintained. [64B7-26.003(3)(d), F.A.C.]	Yes
Regular use of cleaners and bacterial agents or clean table covering utilized for each client. [64B7-26.003(3)(d), F.A.C.]	Yes
Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels, and linens. As used herein 'drapes' means towels, gowns, or sheets. [64B7-26.003(3)(e), F.A.C.]	Yes
Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand-cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle. [64B7-26.003(1)(b), F.A.C.]	Yes
Toilet facility fixtures/components clean, in good repair. [64B7-26.003(3)(g), F.A.C.]	Yes

INV369 - Massage Establishment**ORCHIDS OF ASIA DAY SPA INC****Insp # 195081****File # 29281**

Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated. [64B7-26.003(3)(g), F.A.C.]	Yes
Toilet facility on premises or in same building within 300 feet of establishment. [64B7-26.003(1)(c), F.A.C.]	Yes
Lavatory in treatment room or within 20 feet for cleansing hands or chemical germicidal designed for use without lavatory. [64B7-26.003(3)(f), F.A.C.]	Yes
Clean/adequate shower facilities if whirlpool bath/sauna/steam cabinet and/or steam room on premise. [64B7-26.003(1)(d), F.A.C.]	Yes
Massage therapist not supervising more than one apprentice. [64B7-29.001(3), F.A.C.]	No
If requested, valid government identification was immediately presented upon request. [480.0535(1),(2) F.S.]	N/A
Establishment operating hours are within compliance. [480.0475(1) F.S.]	Yes
Under local ordinance (zoning), is this establishment being used as a principle domicile? [480.0475(2) F.S.]	No

Colonic Irrigation

Licensed massage therapist or apprentice licensee properly certified to perform colonic irrigation. [64B7-31.001(2), F.A.C.]	
Colonic irrigation equipment maintained in sanitary and safe working condition. [64B7-26.003(3)(d), F.A.C.]	

Apprentice Program

Apprentice certificate conspicuously displayed and a 2 inch by 2 inch photo is attached by effective date required by rule. [64B7-28.008(2), F.A.C.]	
Apprentice under supervision of licensed sponsoring massage therapist. [64B7-29.003(1), F.A.C.]	
Record of apprentice hours maintained and available for inspection. [64B7-29.003(4), F.A.C.]	

Establishment Equipment Required in Addition to 64B7-26 For Apprentice Program

Tables for massages. [64B7-29.001(5)(a), F.A.C.]	
Linen and storage area. [64B7-29.001(5)(b), F.A.C.]	
Colonic equipment if colonic irrigation taught. [64B7-29.001(5) (c), F.A.C.]	
Sterilization equipment if non-disposable colonic attachments are utilized. [64B7-29.001(5)(d), F.A.C.]	
Hydrotherapy equipment including hot/cold packs. [64B7-29.001(5)(e), F.A.C.]	
Appropriate textbooks and teaching materials. [64B7-29.001(5)(f)(1-6), F.A.C.]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature:

GILROY, GERARD



Date: 8/16/2017

Representative:

xiaolij blanford



Date: 8/16/2017